



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS**

**PRE-APPROVAL OF PROPOSED
PLACEMENT AND SERVICE OPTIONS
& JUSTIFICATION OF EXTENDED STAY**

☐ Proposed Placement and/or Services ☐ Justification of Extended Stay and/or Services

Name of Youth: _____ Youth ID: _____

Date of Birth: _____ CAPS ID#: _____ Date of Emancipation: _____

Services Needed: _____ Facility Type: _____

Proposed Placement/Service Options (list):

PLACEMENT AND/OR SERVICES PROVIDER

UNIT
COST

UNIT OF
TIME

\$

\$

\$

Anticipated Start Date: _____

Anticipated Length of Stay or Service: _____

Projected Range of Costs: \$ _____

(low)

\$ _____

(high)

Three Month Projected Range of Costs: \$ _____

(low)

\$ _____

(high)

Comments:

Juvenile Parole Officer

Date

Comments:

☐ Approved

☐ Denied

Youth Community Corrections Bureau Chief

Date

Three Month Review Due:

NOTE: Please e-mail this form to the YCC Bureau Chief